

# LEAVE DONATION FORM

(To be completed by employee donating leave and forwarded to Payroll)

## Information on Donating Employee

I wish to donate \_\_\_\_\_ hours of my accrued leave, as indicated below

\_\_\_\_\_ Annual      \_\_\_\_\_ Incentive/extra      \_\_\_\_\_ Sick  
\_\_\_\_\_ Holiday      \_\_\_\_\_ Compensatory (non-exempt only) Employee

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Department Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Information on Employee Receiving Donation

Employee Name: \_\_\_\_\_

Employee Department: \_\_\_\_\_

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### **THIS SECTION FOR PAYROLL USE ONLY**

Leave charged to donating employee \_\_\_\_\_  
Payroll Date

Leave form returned to donating employee \_\_\_\_\_ Insufficient Leave Balance.  
Date

Leave form returned to donating employee \_\_\_\_\_ Leave Donation not needed.  
Date